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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill X
LENGTH OF STAY (in this place) 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Virginia (Last) Bond
4. DATE OF DEATH (Month) January (Day) 1 (Year) 1954
5. SEX Female
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 11 1884
9. AGE last birthday 69 yrs. If under 1 year Months 10 Days 20 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Forest Hill Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Kell
14. MOTHER'S MAIDEN NAME Darcus Ann Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Herbert Bond Jarrettsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Arteriosclerotic C V disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford County Bel Air, Md. 1/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 4-54
NAME OF CEMETERY OR CREMATORY Fairview Ave.
LOCATION (City, town, or county) (State) Forest Hill Harford Md

DATE REC'D BY LOCAL REG. 1-3-54
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Martin G Kind Jarrettsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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Items 8 & 9: Film G161
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 3y 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md. 3L
STREET ADDRESS (If rural, give location) R. D. # 2

3. NAME OF DECEASED (Type or Print): (First) Grover (Middle) (Last) Bond

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 18, 1890

9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown Bond

14. MOTHER'S MAIDEN NAME: Katie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Harry Bond (son)

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X
Immediate cause (a) Cardio-renal failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1954, to Jan 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 2 10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George T. Hawksbury	M.D.	Havre de Grace Md.	1/28/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 24	Mountain Methodist	Bel Air	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 22-54	A. F. Lewis M. D.	Joseph T. Foster	Bel Air - Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural X — LENGTH OF STAY (in this place) X	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Aberdeen Rural #1.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bush River area	STREET ADDRESS (If rural, give location) Bush River area

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) A. (Last) Boyce — 4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	1/29/1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Delaware	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Etzel	Clara Jackson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
4 no		—	Laurence J. Boyce - aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X

Immediate cause (a) Cerebro-vascular accident — instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 years

(c) Old age — —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from —, 19..., to —, 19..., that I last saw the deceased alive on —, 19—, and that death occurred at 245 P m. from the causes and on the date stated above.

SIGNATURE A.I. Sandecki M.D (Degree or title) ADDRESS Alexander Sandecki, M. D. 15 Courtland St., Bel Air, Md. Phone 68 DATE SIGNED 1.27.1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 30-1954	Lombardy cemetery	Wilmington Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 29-1954	Nellie K. Perry	John G. Farring	aberdeen, maryland.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00536

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington X
STREET ADDRESS (If rural give location) RD #2

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Frank (Last) Butzer

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1954.

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/18/1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Concrete Finisher

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Mountville Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Butzer

14. MOTHER'S MAIDEN NAME: Anna McGunnis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown.

17. INFORMANT & ADDRESS: Gunkel Funeral Home Conestoga Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardiac Asthma

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular

DUE TO

(c) Cardiac Failure

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 16, 1953, to Jan 16, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Feley M.D. ADDRESS 46 S. Minnesota Place on Grace Ave DATE SIGNED 1/16/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/19/1954

NAME OF CEMETERY OR CREMATORY Riverview Burial Park

LOCATION (City, town, or county) Lancaster (State) Pa

DATE REC'D BY LOCAL REGISTRAR Jan. 17-1953

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace Md ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace PA
LENGTH OF STAY (In this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delta 75X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELSIE (Middle) PEARL (Last) CANTLER
4. DATE OF DEATH (Month) Jan. (Day) 30 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 1/19/83
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Harford Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John McNeke
14. MOTHER'S MAIDEN NAME Lura Weaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Leslie Cantler, Delta, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X Immediate cause (a) Acute Cholecystitis of Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic C-V dis — 7-8 yr

(c) Diabetes Mellitus D) Heart failure - acute — immed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1954, to Jan 30, 1954, that I last saw the deceased alive on Jan 30, 1954, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Phillips ADDRESS Darlington Md DATE SIGNED 1/30/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF FEB. 3, 1954
NAME OF CEMETERY OR CREMATORY SLATEVILLE
LOCATION (City, town, or county) (State) DELTA PA.
DATE REC'D BY LOCAL REG. Feb. 2-1954
REGISTRAR'S SIGNATURE Nellie P. Perry Dr. A. L. Lewis
24. FUNERAL DIRECTOR ADDRESS JOHN H. HARKINS, DELTA, PA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferryville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) (Last) Carroll
4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1-7-1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Earl Carroll
14. MOTHER'S MAIDEN NAME Sarah Ann Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 4
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Earl Carroll Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Fuse Gall Bladder

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis Hematuria

(c) Carbuxia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1954, to 1/14, 1954, that I last saw the deceased alive on 1/14, 1954 and that death occurred at 10 46 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] [illegible] 1/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/17/54
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) Havre de Grace Md.

DATE REC'D BY LOCAL REG. Jan. 17-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS Havre de Grace Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JARRETTSVILLE — LENGTH OF STAY (In this place) X/75
HOSPITAL OR INSTITUTION OR STREET ADDRESS RT 23 ONE MILE WEST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) X-JARRETTSVILLE
STREET ADDRESS (If rural, give location) RT 23 ONE MILE WEST.

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) ELIZABETH (Last) CATHCART

4. DATE OF DEATH: (Month) JAN (Day) 27 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JAN 15, 1879

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: DAVID WILSON

14. MOTHER'S MAIDEN NAME: RACHAEL SLADE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: MRS. A.J. WILSON, JARRETTSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) CARDIAC FAILURE DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) AURICULAR FIBRILLATION WITH — 1 YR
(c) CONGESTIVE FAILURE, CEREBRAL VASCULAR ACCIDENT DUE TO MURAL THROMBI

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 JAN., 19 54, to 27 JAN, 19 54, that I last saw the deceased alive on 26 JAN., 19 54, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Philip W. Henson M.D., 307 HICKORY AVE., BEL AIR, MD. 27 JAN 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 30, 1954 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): Madonna, Harford Co. Md.

DATE REC'D BY LOCAL REG. 1/28/54 — REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR, ADDRESS: Martin W. Kurtz, Jarrettsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
MARYLAND LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 635 N. Stokes St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 635 N. Stokes St.

3. NAME OF DECEASED: (Type or Print) (First) Edyth (Middle) Elizabeth (Last) Dashler

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 8, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Knight

14. MOTHER'S MAIDEN NAME: Ellen Kimble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
If Yes, give war or dates of service:

16. SOCIAL SECURITY No.: 220-01-6962

17. INFORMANT & ADDRESS: Alfred Dashler Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary Edema	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary occlusion	1 day.
	(c) DUE TO Myocarditis	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1954, to Jan 8, 1954, that I last saw the deceased alive on Jan 8, 1954, and that death occurred at 19 PM from the causes and on the date stated above.

SIGNATURE (Degree or title): Fred Wolbert M.D. — ADDRESS: Havre de Grace Md. — DATE SIGNED: Jan 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-11-54 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 11 1954 — REGISTRAR'S SIGNATURE: A L. Lewis M D. — 24. FUNERAL DIRECTOR: P. Madison Mitchell — ADDRESS: Havre de Grace Md.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
STREET ADDRESS (If rural give location) 203 N Main St.

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) (Last) Forwood
4. DATE OF DEATH: (Month) Jany (Day) 5 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed
8. DATE OF BIRTH: Nov 25-1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Harford
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Robt. Forwood
14. MOTHER'S MAIDEN NAME: Sarah Worthington
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Raymond Forwood Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
42 ... 1 Immediate cause	(a)	CARDIO-RESPIRATORY FAILURE	24 HOURS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE	2 YEARS
	DUE TO (c)	ADVANCED SENILITY	4 YEAR

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 4 JAN, 1954, that I last saw the deceased alive on 4 JAN, 1954, and that death occurred at 11:50 AM, from the causes and on the date stated above.

SIGNATURE H. P. Sidwell (Degree or title) M.D. ADDRESS Bel Air DATE SIGNED 5 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jany 7/53
NAME OF CEMETERY OR CREMATORY Rock Spring
LOCATION (City, town, or county) (State) Forest Hill Harford Md
DATE REC'D BY LOCAL REGISTRAR 1-6-54
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Joseph T. Foster Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace

LENGTH OF STAY (in this place) none

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN New York

STREET ADDRESS (If rural, give location) 56 Seventh Avenue

3. NAME OF DECEASED: (Type or Print) (First) (ARTHUR) (Middle) Antanasio (Last) FUEYO

4. DATE OF DEATH (Month) (Day) (Year) January 19 1954

5. SEX: Male

6. COLOR OR RACE: Spanish Puerto Rican

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 6 1892 DEC. 6, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cigar Maker

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Spain

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alvara Fueyo

14. MOTHER'S MAIDEN NAME: Maria Gutterez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: 099-26-8826

17. INFORMANT & ADDRESS: Joseph A. Vidal 117 Atlantic Ave Brooklyn, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

819X

Immediate cause (a) Fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Aspiration of vomitus

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road

21c. (City or town) (County) (State) Benson, Harford County, Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/19/54 10 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Driver of auto which ran off road & struck concrete abutment

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Lovett M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 1/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF Jan. 23, 1954

NAME OF CEMETERY OR CREMATORY N.Y. and N.J. Crematory

LOCATION (City, town, or county) North Bergen, (State) N.J.

DATE REC'D BY LOCAL REG. Jan. 21-1954

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR R. Madison Mitchell, Havre de Grace, Md. ADDRESS

is

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

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U V. S.

0558

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH: COUNTY Harford; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 60 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 616 Guard St

3. NAME OF DECEASED: (Type or Print) (First) Olevia (Middle) (Last) Gibbons

4. DATE OF DEATH: (Month) (Day) (Year) 1/15/54 19

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/6/1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Havre de Grace

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zachariah Brown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT & ADDRESS: Valentine Gibbons, 616 Guard, Havre de Grace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Intra Cranial Hemorrhage

DUE TO

(c) Carcinoma

174X

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/23/54

19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Uterus. Intra Cranial Hemorrhage

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 19 53, to 1/15, 19 54, that I last saw the deceased alive on 1/15, 19 54, and that death occurred at 5:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. A. Lewis M.D. ADDRESS 700 Union Ave. Havre de Grace, Md. DATE SIGNED 1/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/18/54

NAME OF CEMETERY OR CREMATORY St. James

LOCATION (City, town, or county) (State) Havre de Grace Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 18-54

REGISTRAR'S SIGNATURE C. L. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS Dunning Bros. Havre de Grace, Md.

VS. A15

RECEIVED
JAN 20 1954
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00511

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland; CITY (If outside corporate limits, write RURAL) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 35 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 424 N. Stokes

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Joseph (Last) Gilbert

4. DATE OF DEATH: (Month) (Day) (Year) 11/30/54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: June 10, 1918

9. AGE last birthday: 35 yrs.

IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: ZA Perryman, Md.

11. BIRTHPLACE (State or foreign country): Havre de Grace Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Gilbert

14. MOTHER'S MAIDEN NAME: Lily Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes; (If Yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Joseph Gilbert 424 N. Stokes, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 Coronary Occlusion (acute)

(a) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1954 to 1-30, 1954 that I last saw the deceased alive on 1-30, 1954 and that death occurred at 10:13 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Lewis M.D. ADDRESS Havre de Grace - Md. DATE SIGNED 2-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/2/54

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR 2-2-54

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

0553

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Rt 2

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Thomas (Last) Glassman
4. DATE OF DEATH (Month) (Day) (Year) January 31 1954
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 20 1953
9. AGE last birthday yrs. If under 1 year Months 2 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David T Glassman
14. MOTHER'S MAIDEN NAME Arietta Whittaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Father - David T. Glassman Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500X

Immediate cause (a) Acute Laryngo Trachea Bronchitis — INTERVAL BETWEEN ONSET AND DEATH 1 1 m

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30, 1954, to 1/31, 1954, that I last saw the deceased alive on 1/31, 1954, and that death occurred at 930 A m., from the causes and on the date stated above.

SIGNATURE Malcolm Dudley Phillips (Degree or title) MD ADDRESS Darlington, Md DATE SIGNED 1/31/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 2, 1954
NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran
LOCATION (City, town, or county) (State) Aberdeen Md.

DATE REC'D BY LOCAL REG. 2-2-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 981

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Aberdeen 31 — LENGTH OF STAY (in this place) 1month 17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen 31
STREET ADDRESS (If rural give location) 31 Fenway St

3. NAME OF DECEASED: (Type or Print) (First) ELVIRA (Middle) EASTER (Last) GREFFENREID

4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 26, 1953

9. AGE last birthday: yrs. 1 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Greffenreid

14. MOTHER'S MAIDEN NAME: Pilar Oaulto

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Post Hospt. Records A.P.G. md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity & Congenital Heart Defect — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE John J. Buckley M.D. (Degree or title) — ADDRESS — DATE SIGNED 12 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/14/54 — NAME OF CEMETERY OR CREMATORY Post Cemetery — LOCATION (City, town, or county) (State) Aberdeen. Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 14. 54 — REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John G. Tarring — ADDRESS Aberdeen Md

RECEIVED
JAN 18 1954
BUREAU V.

0565

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Street Twk. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delta
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) C (Last) Grove
4. DATE OF DEATH (Month) January (Day) 24 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 14, 1879	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): York Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Chandlee
14. MOTHER'S MAIDEN NAME: Susan Scarborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Gladys Tome, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓ accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co. Belair 1/27/54

MANNER OF DISPOSAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-27-54	Mount Olivet	Fawn Grove, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-25-54	Priscilla Forwood	John H. Harkins, Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Charles (Middle) Clifford (Last) Hanway

4. DATE OF DEATH: (Month) Jany (Day) 10 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feby 22-1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teller

10b. KIND OF BUSINESS OR INDUSTRY: Bank

11. BIRTHPLACE (State or foreign country): High Point

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harry D Hanway

14. MOTHER'S MAIDEN NAME: Lida Divers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-30-9438

17. INFORMANT & ADDRESS: Mrs Charles H Michael Sr Bel Air Md Rt 365

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 6 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 4 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1953, to Jan 10, 1954, that I last saw the deceased alive on Jan 10, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Richardson M.D. ADDRESS Bel Air, Md DATE SIGNED 1/11/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jany 12/54 — NAME OF CEMETERY OR CREMATORY Friendship Methodist — LOCATION (City, town, or county) (State) Fallston, Harford Md

DATE REC'D BY LOCAL REGISTRAR 1/11/54 — REGISTRAR'S SIGNATURE Priscilla Fowwood

24. FUNERAL DIRECTOR Joseph T. Foster — ADDRESS Bel Air, Md

VS. A15

RECEIVED
JAN
BUREAU U. S.

0567

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

549
Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Darlington — LENGTH OF STAY (in this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Lee (Last) Hart

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1861

9. AGE last birthday: 92 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Crop farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ash. Co. N. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. R. Hart

14. MOTHER'S MAIDEN NAME: Jerome Davis

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs. Laura K. Hart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Bronchial Pneumonia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Infirmities of Age — DUE TO

(c)

Interval Between Onset And Death: 10 Days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic myocarditis — 5 Yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1954 to Jan 20, 1954 that I last saw the deceased alive on Jan 20, 1954 and that death occurred at 2.30 P.M. from the causes and on the date stated above.

SIGNATURE E. Snodgrass (Degree or title) M.D. ADDRESS Darlington Md. DATE SIGNED 1/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan. 23, 1954 — NAME OF CEMETERY OR CREMATORY Dublin Cem. — LOCATION (City, town, or county) Harford Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 21, 1954 — REGISTRAR'S SIGNATURE C. A. Kirk

24. FUNERAL DIRECTOR H. S. Bailey, Darlington, Md.

BUREAU V. S.

0549

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) 227 Bond st

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Phillip (Last) Hill

4. DATE OF DEATH (Month) (Day) (Year) January 7 1954

5. SEX M

6. COLOR OR RACE Col

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH Dec 16-1879

9. AGE last birthday 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer

10b. KIND OF BUSINESS OR INDUSTRY Gator

11. BIRTHPLACE (State or foreign country) Bel Air Md

12. CITIZEN OF WHAT COUNTRY? U-S

13. FATHER'S NAME Peter H. Hill

14. MOTHER'S MAIDEN NAME Hanna Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS 22 Bond St. Blanch Hill Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 5 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 1953, to Jan 7 1954, that I last saw the deceased alive on Jan 3 1954 and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE Gerald E Palmer (Degree or title) MD ADDRESS Bel Air Md. DATE SIGNED 1/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Jany 10/53 NAME OF CEMETERY OR CREMATORY Hendon Hill Bel Air LOCATION (City, town, or county) Harford Co (State) Md

DATE REC'D BY LOCAL REG. 1-8-54 REGISTRAR'S SIGNATURE Priscilla Fawcett

24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

0559

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 155

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ontario St Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Ontario St Ext.

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) W (Last) Johnson

4. DATE OF DEATH (Month) January (Day) 30 (Year) 1954

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH 1/24/1900
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tuscaloosa, Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Silas Johnson
14. MOTHER'S MAIDEN NAME Millie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Madalene Williams, Ontario St. Ext. Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

102X

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE Gerald C Palmer (Degree or title) MD ADDRESS Deputy Medical Examiner Harford Co. Bel Air, Md DATE SIGNED 2/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/4/54
NAME OF CEMETERY OR CREMATORY Skinner's Cemetery
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Feb-3-54
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Elmer F. Bullock - Havre de Grace Md ADDRESS

BUREAU V. F

0588

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge | LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) C. (Last) Martin
4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1954
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 18, 1887
9. AGE last birthday: 66 yrs. | If under 1 year: Months 3 Days 14 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Churchville, Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George H. Martin
14. MOTHER'S MAIDEN NAME: Emma C. Denbow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: Mrs. Emma C. Martin, Fallston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
241 X Immediate cause	(a) Acute congestive heart failure	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Chr. cardio-vascular disease	5 yrs.
	(b) Chr. Bronchial asthma	30 yrs.
	(c) Bilateral blindness due to ch. glaucoma	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chr. Malnutrition

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1936, to Jan 2, 1954, that I last saw the deceased alive on Jan. 1, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson M.D. Forest Hill, Md. 1/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 5, 1954 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Bel Air, Harford Co. Md.

DATE REC'D BY LOCAL REG. 1-3-54 | REGISTRAR'S SIGNATURE: Priscilla Townsend | 24. FUNERAL DIRECTOR: Martin G. Kurtz | ADDRESS: Jarrettsville, Md.

VS. A15

RECEIVED
JAN 7 19
BUREAU V. S

0558 Item 18 Film C161 2/19/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 180

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) American Legion

3. NAME OF DECEASED: (First) WILBUR (Middle) (Last) McMULLIN
4. DATE OF DEATH (Month) Jan. (Day) 22 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 18. 1913	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Barber	American Legion	Newark Del.	U.S.A.

13. FATHER'S NAME: Wilbur McMullen Sr.
14. MOTHER'S MAIDEN NAME: Margaret Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	W.W. 2	Unknown	Mrs. Wilbur McMullen, Pasquill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Coronary artery solerosis with former myocardial infarction
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William H. Smith M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 1/22/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/25/54	Pennington	Pennington, Cecil Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 25-1954	H. E. Lewis M. D.	Pennington & Son	Havre de Grace, Md.

RECEIVED
JAN 29 1974
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Aberdeen 21
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Army Hospital / Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Proving Ground 21
STREET ADDRESS (If rural give location): Qtrs 111

3. NAME OF DECEASED: (Type or Print) (First) Timothy (Middle) (None) (Last) Morrison

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 2, 1954

9. AGE Last birthday: ——— yrs. IF UNDER 1 YEAR: Months — Days 19 IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.R.

13. FATHER'S NAME: Troy Dean Morrison

14. MOTHER'S MAIDEN NAME: Margaret O'Connell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Troy D. Morrison – Father, Qtrs 111, A.P.G., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

560.4

Immediate cause (a) DUE TO: ~~Acute~~ Atelectasis of left lung — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Diaphragmatic hernia — 19 days.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1954, to 21 Jan..., 1954, that I last saw the deceased alive on 21 Jan 1954, and that death occurred at 0740 Hrs, from the causes and on the date stated above.

SIGNATURE (Degree or title): Reginald Allen 1st Lt MC — ADDRESS: U.S.A.H. 2151-1 — DATE SIGNED: A.P.G., Md 21 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/22/54 — NAME OF CEMETERY OR CREMATORY: Post cemetery — LOCATION (City, town, or county) (State): Aberdeen Md.

DATE REC'D BY LOCAL REGISTRAR: January 22-54 — REGISTRAR'S SIGNATURE: Nellie T. Grey

24. FUNERAL DIRECTOR: John T. Yarrington — ADDRESS: Aberdeen Maryland.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

CERTIFICATE OF DEATH

Reg. Dist. No. 18 .....

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
LENGTH OF STAY (in this place) 39 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. ARMY HOSPITAL ABERDEEN, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
STREET ADDRESS (If rural give location) APT. D-141 Grant ave.

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Girl (Last) MURPHY
4. DATE OF DEATH: (Month) JANUARY (Day) 2 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JANUARY 2, 1954
9. AGE last birthday: ——— yrs. IF UNDER 1 YEAR: Months ——— Days ——— IF UNDER 24 HRS.: Hours ——— Min. 39

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JERROLD MURPHY
14. MOTHER'S MAIDEN NAME: TANGEMAN, RITA J.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: A3/c Jerrold Murphy - aberdeen md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Prematurity, Cong. anomalies — Interval Between Onset And Death: 1hr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 2, 1954 (10:06) to JANUARY 2, 1953 (10:45) A.M., that I last saw the deceased alive on 2 Jan, 1954, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lt. 5th Hosp APG Md 2 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/5/54
NAME OF CEMETERY OR CREMATORY Post cemetery
LOCATION (City, town, or county) (State) aberdeen. md.

DATE REC'D BY LOCAL REGISTRAR Jan. 4-1954
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Tarring
ADDRESS aberdeen md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1954
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 18 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) RFD # 1

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) WILEY (Last) PERRY

4. DATE OF DEATH (Month) JANUARY (Day) 5 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 18, 1904
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour
10b. KIND OF BUSINESS OR INDUSTRY Mason's Helper
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emery Perry
14. MOTHER'S MAIDEN NAME Alice Denny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 241-22-2538
17. INFORMANT AND ADDRESS Sallie Perry Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

911.1

Immediate cause (a) Tetanus — Interval Between Onset and Death: 14 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration Abrasion 3 [illegible] — 14 days

(c) [illegible] — 7 [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/21/53
19b. MAJOR FINDINGS OF OPERATION [illegible]
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) [illegible] (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12/21/53 m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 12/25, 1953, to 1/5, 1954, that I last saw the deceased alive on [illegible], 1954, and that death occurred at 5 55 A.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 8 1954
NAME OF CEMETERY OR CREMATORY Ebenezer Cem
LOCATION (City, town, or county) Near Rising Sun (State) Md.

DATE REC'D BY LOCAL REG. Jan 7-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS Rising Sun Md.

912 - 560.0

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

0568

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa X
LENGTH OF STAY (in this place): 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: /

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Joppa
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Gilbert (Last) Stacer

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Feb. 9, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Tourist Cabins

11. BIRTHPLACE (State or foreign country): Clearwater, Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Virgil Stacer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO.: 087-01-8748

17. INFORMANT & ADDRESS: Mrs. Madge W. Stacer, Joppa, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 15 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15 ..., 1953, to Jan 22 1954 that I last saw the deceased alive on Jan 22 1954 and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lloyd C Palmer M.D. — ADDRESS: Bel Air Md. — DATE SIGNED: 1/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 25, 1954 — NAME OF CEMETERY OR CREMATORY: Mountain Christian — LOCATION (City, town, or county) (State): Joppa, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 25, 1954 — REGISTRAR'S SIGNATURE: Mame M Mondedale

24. FUNERAL DIRECTOR — ADDRESS: Howard K. Mc Comas & Son, Abingdon, Md.,

JAN 1933
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrest Hill Rural — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS High Point Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrest Hill Rural
STREET ADDRESS (If rural, give location) High Point Road.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Archer (Last) Stephens

4. DATE OF DEATH: (Month) January (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 4/10/1878

9. AGE last birthday: 75 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah Stephens

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs H. Belle Preston Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiosclerosis — INTERVAL BETWEEN ONSET AND DEATH: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED 1/13/54

Gerald C Palmer MD Deputy Medical Examiner Harford Co Baltimore Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 16 54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Delta PA (State) Penna.

DATE REC'D BY LOCAL REG. 1-14-54 — REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR — ADDRESS John G. Tarring Aberdeen Maryland.

Delta Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa X
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marshall (Middle) (Last) Stokes

4. DATE OF DEATH: (Month) Jany (Day) 26 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Oct 28-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Raising Chickens
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Prospect Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hugh M Stokes
14. MOTHER'S MAIDEN NAME: Cora Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Mrs Julia D Stokes Joppa, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — Interval Between Onset And Death: 48 HOURS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC CARDIO VASCULAR DISEASE — 6 YEARS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to 26 JAN, 1954, that I last saw the deceased alive on 24 JAN, 1954, and that death occurred at 2 30 A.M., from the causes and on the date stated above.

SIGNATURE H. P. Sidwell (Degree or title) M.D. ADDRESS Bel Air DATE SIGNED 26 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jany 28/54
NAME OF CEMETERY OR CREMATORY Bethel Presbyterian
LOCATION (City, town, or county) Bethel Harford (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 28 1954
REGISTRAR'S SIGNATURE Marie M Mansdale
24. FUNERAL DIRECTOR Joseph T Foster Bel Air ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen 21
LENGTH OF STAY (in this place) Two months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital Aberdeen Proving Ground 21

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia, COUNTY Muscagee
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Columbus 4
STREET ADDRESS (If rural give location) 510 E. Booker T. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Ben (Middle) (None) (Last) Terry

4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug. 30, 1929

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U S Army

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ben Terry, Sr.

14. MOTHER'S MAIDEN NAME: (Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Enl 6 Nov 53

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Military Personnel, APG, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

991X

Immediate cause (a) CARDIAC ARREST

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) GUNSHOT WOUND OF ABDOMEN

DUE TO

(c)

Interval Between Onset And Death: 8 HOURS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 13 Jan 1954

19b. MAJOR FINDINGS OF OPERATION PERFORATION OF COLON, CARDIAC ARREST

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Vicinity Service Club #2 (CITY OR TOWN) APG, (COUNTY) Harford, (STATE) Maryland

TIME OF INJURY (Month) Jan (Day) 12 (Year) 1954 (Hour) 1115 p.m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 JAN 1954, to 13 JAN 1954 that I last saw the deceased alive on 13 JAN 1954, and that death occurred at 0645, from the causes and on the date stated above.

SIGNATURE Alvin M. Mains (Degree or title) MD ADDRESS 2151-1 USAH APG, MD. DATE SIGNED 13 JAN 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 1/15/54

NAME OF CEMETERY OR CREMATORY Unknown

LOCATION (City, town, or county) Columbus, Ga. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 19-54

REGISTRAR'S SIGNATURE Nellie R. Terry

24. FUNERAL DIRECTOR Fannie Ea & Son Hand Drive, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1954
BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00562

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) (Last) Tharp

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 24, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Hillsborough, N.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mathew Morrison
14. MOTHER'S MAIDEN NAME: Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: P H Wood Fawn Grove, Rd, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Decompensated cardiac disease — Interval Between Onset And Death: a few decades

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Rheumatic disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953 to Jan, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE Jean Oong (Degree or title) M.D. ADDRESS CARDIFF Md. DATE SIGNED 1-25-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF Jan 27 1954 NAME OF CEMETERY ~~OR CREMATORY~~ Fellowship LOCATION (City, town, or county) Pylesville Harford Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/26/54 REGISTRAR'S SIGNATURE Priscilla Sowood

24. FUNERAL DIRECTOR W. Howard Webb Fawn Grove Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

00562

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CARDIFF X
LENGTH OF STAY (in this place) 55 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CARDIFF X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CROSS (Last) WILLIAMS

4. DATE OF DEATH: (Month) JAN. (Day) 23, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: JUNE 16, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRIC WELDER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): CARDIFF, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM M. WILLIAMS
14. MOTHER'S MAIDEN NAME: JANE H. JONES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 163-16-8482
17. INFORMANT & ADDRESS: MRS. EDWARD STEWART, STREET, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X

Immediate cause (a) Primary Carcinoma of the Lung — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12-1953 to Jan 21, 1954, that I last saw the deceased alive on Jan 21, 1954 and that death occurred at 3 30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles A. Noff MD. ADDRESS Street, Md DATE SIGNED Jan. 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 1-25-54
NAME OF CEMETERY OR CREMATORY SLATEVILLE
LOCATION (City, town, or county) DELTA (State) PA.

DATE REC'D BY LOCAL REGISTRAR 1/24/54
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 29 1954
BUREAU V. S.